Application	or Docket	Number
· wpiication	OI DOCKEL	INDITIDE

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I					SMALL ENTITY OTHER			RTHAN				
TOTAL OLABAS			(Column 1)		(Colu	(Column 2)		TYPE		OR	OR SMALL EN	
TOTAL CLAIMS		36) -	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			78 minus 20=		- 18			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		*	8		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT					-0		+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in					"0" in d	column 2	ļ	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										3 -	OTHER	THAN
(Column 1)				(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
					•		L	TOTAL			TOTAL	-
	• .	(Column 1)		(Colum	n 3)	(Column 3)	Α	DDIT. FEE			ADDIT. FEE	
-	<u> </u>	CLAIMS	•	HIGHE	ST		Г		ADDI-	F		- ADDI-
AMENDMENT B	•	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL	·	RATE	TIONAL
NDMI	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	-
AME	Independent	*	Minus	***		=	ľ	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM	<u> </u>	┞	145		' '	.000	
							L	+145= TOTAL		OR	+290= TOTAL	
		•	•				A	DDIT, FEE		OR ,	DDIT. FEE	<u> </u>
		(Column 1)		(Colum		(Column 3)		•	• •		•	*
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
WE	Independent	<u></u>	Minus	***		=	T	X43=			X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		`. -			OR	7.00-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." Approved the specific of the specifi												
∵ '	***If the *Highest Number Previously Paid For* IN THIS SPACE is less than 3, enter "3." The *Highest Number Previously Paid For* (Total or Independent) is the highest number found in the appropriate box in column 1.											